Washington State Department of Social & Health Services

*Health & Recovery Services Administration*

# Washington's PDL

## Fast facts for health-care providers

**AUGUST 2005**

**PREAUTHORIZATION (PA) AND THE PREFERRED DRUG LIST (PDL):** The medical assistance operations of the Department of Social and Health Services and two other state agencies are working cooperatively on a state Preferred Drug List, helping prescribers and pharmacists make sure Medicaid clients are receiving the most effective medications at the best price.

The PDL complements the Health & Recovery Services Administration's (HRSA) extensive preauthorization pharmacy system, including four-brand limit calls under the Therapeutic Consultation Service, which is handled separately.

The preauthorization system applies to prescriptions for Medicaid's 450,000 fee-for-service clients. Prescriptions for the 450,000 managed-care clients in Healthy Options or the State Children's Health Insurance Program (SCHIP) are handled through the private insurance plans administering the coverage. Those plans, which contract with the state to provide coverage, use their own drug formularies to control prescription access and costs.

**THE BACKGROUND:** In February 2002, DSHS launched the Therapeutic Consultation Service (TCS), which included several new approaches to better drug utilization guidelines, prescriber education and cost-containment.

1) TCS notified pharmacists and providers whenever Medicaid clients received a fifth brand-name drug prescription in the space of a month. Providers were required to consult with the TCS clinical pharmacists to discuss alternatives and to review the patient's complete prescription history, looking for duplication of therapy and drug-drug interactions.
2) The TCS program also included components that included face-to-face contact between traveling pharmacists and prescribers around the state, as well as periodic data analyses that reviewed current drug utilization and identified outlier prescribers and high-utilization clients.
3) TCS also began with a small Preferred Drug List in which drug classes were analyzed and preferred drugs were selected based on current research and review by the DSHS Drug Utilization and Education Council (DUEC).

In 2003, DSHS, the Department of Labor & Industries (which handles worker compensation) and the Health Care Authority (which operates the Basic Health program and state employee benefits) joined forces to contract with the Oregon Health Sciences University Evidence-based Practice Center for formal development of a state Preferred Drug List in more than two dozen classifications.

In the fall of 2003, after passage of legislation strengthening the project, the DUEC was replaced by a panel of clinicians on a new advisory group called the Pharmacy and Therapeutics (P&T) Committee. Research from the OHSU center now goes to the P&T Committee for review and decisions.

Like the small TCS list, preferred drugs on the new state list were judged to be just as or more effective – and just as or more safe -- as any of the other drugs in the same classification. The safety and efficacy of the drug is always the first step. However, once that determination has been made, the state also may be able to select a drug that is not only equally safe and effective but much less expensive than other drugs in the class.

DSHS began expanding that initial PDL in 2003. The Health Care Authority implemented the first 11 drug classes in January 2004 for state employees and retirees, and the Department of Labor and Industries started its preferred drug list for worker compensation clients on May 1, 2004.

Under the legislation, prescribers who endorse the Preferred Drug List agree in advance to avoid preauthorization by letting pharmacists substitute the preferred drugs within classes unless they write "Dispense As Written" (DAW) on the prescription. Non-endorsing prescribers still will have to work through the preauthorization steps. (Prescribers may enroll as endorsing providers through the Rx Washington Web site at http://rx.wa.gov and choosing the Endorsing Practitioner Registration link.)

**WHERE TO CALL:** DSHS is now adding one or two preferred drugs in new classes every few months. The pharmacy prior authorization line will continue to handle all other non-Preferred Drug List related authorization phone and fax requests through the same process as they have currently.

- Pharmacists inquiring about the Preferred Drug List should call **1-866-246-8504**
- Pharmacists making other kinds of prior authorization calls to DSHS should call **1-800-848-2842** or fax to **1-360-725-2141.**
- Prescribers who need to consult with TCS' clinical pharmacists about the four-brand limit should call **1-866-246-8504.**

**HOW IT WORKS:** Here is how the three different kinds of situations are handled by pharmacists.

**When the prescription calls for a nonpreferred drug:**

1. If the prescriber has signed up with the state as an "endorsing prescriber" he or she will have agreed in advance that the pharmacist can use the preferred drug in its place.
2. If the prescriber is an "endorsing prescriber," he or she can choose to write "Dispense As Written" (DAW) on the prescription, and the client will receive the prescribed drug.
3. If the prescriber is not an "endorsing prescriber," the pharmacist will call the Medicaid Preferred Drug List line (1-866-246-8504) to discuss use of the nonpreferred drug.

**When the prescription calls for a drug on the non-PDL preauthorization list:**

- Pharmacists who bill Medicaid for a drug on the preauthorization list must call the preauthorization staff (1-800-848-2842) to make sure the prescription meets the Medicaid criteria for acceptance.
- In some cases, DSHS may ask for verification of the dosage, the client's drug history, or a prescriber's judgment that the drug is medically necessary.
- If the prescription cannot be authorized as prescribed, the pharmacist will have to consult with the prescriber about other alternatives.

**When the prescription triggers the Therapeutic Consultation Service:**

- When pharmacists fill a prescription that constitutes the fifth brand-name prescription for that client in a calendar month, they will trigger a Medicaid edit that directs the prescriber to call the TCS clinical pharmacists at 1-866-246-8504.
- The TCS clinical pharmacists may be able to offer the prescriber the opportunity to switch to a preferred drug.
- In addition the TCS pharmacist screens the client's complete prescription history for duplication of therapy and drug-drug interactions.

**3 – Washington Medicaid preferred drug list**

# Washington State Medicaid's Preferred Drug List (Updated August 2005)

| Drug class | Preferred drug |
|---|---|
| Proton Pump Inhibitors | OTC omeprazole (Prilosec OTC®) and lansoprazole capsules/powder (Prevacid®); and lansoprazole solutabs (Prevacid Solutabs®) by EPA for patients unable to swallow tablets or capsules |
| H2RAs | Generic ranitidine |
| Nonsedating Antihistamines | OTC loratadine |
| ACE Inhibitors | Generic captopril, generic enalapril, generic lisinopril and generic benazepril; and ramipril (Altace®) by EPA for patients with history of cardiovascular disease |
| Triptans | Sumatriptan (Imitrex® tablet/nasal spray/injection), naratritan (Amerge®), almotriptan (Axert®), frovatriptan (Frova), rizatriptan (Maxalt), eletriptan (Relpax) and zolmitriptan (Zomig® tablet/ZMT) |
| Statins | Generic lovastatin, and atorvastatin (Lipitor®); and pravastatin (Pravachol®) by EPA for clinically significant drug-drug interactions or drug-disease state interactions |
| Long-Acting Opioids | Generic long-acting morphine and generic methadone |
| Insulin-Release Stimulant Type Oral Hypoglycemics | Generic glipizide (immediate release only) and generic glyburide (immediate release only) |
| Calcium Channel Blockers | Non-dihydropyridines: All oral forms of generic diltiazem and generic verapamil.<br>_____<br>Dihropyridines: Generic nifedipine ER, and amlodipine (Norvasc®) |
| Beta Blockers | Generic atenolol, metoprolol tartrate, nadolol, pindolol, propranolol, and timolol; and carvedilol (Coreg®) by EPA for patients with a history of CHF |
| NSAIDS (including the COX II inhibitors) | All generic non-selective NSAIDS are preferred but still require EPA: clients must not have history of GI bleed or ulcer; or have history of cardiovascular disease.<br>Cox II inhibitors are non-preferred and require EPA: clients must not have history of GI bleed or ulcer; or have history of cardiovascular disease. Must also meet criteria for indication, dose and duration of therapy. |
| Skeletal Muscle Rexalants | Spasticity: generic baclofen<br>Skeletal Muscle Relaxation: generic cyclobenzaprine and generic methocarbamol |
| Overactive bladder drugs | Generic oxybutynin tablets |
| Estrogens | Generic estradiol oral tablets, esterfied estrogen (Menest®) oral tablets, and conjugated equine estrogen vaginal cream (Premarin® vaginal cream) |
| Second Generation Antidepressants | Generic bupropion/SR, generic citalopram, generic fluoxetine, generic mirtazapine, and generic paroxetine |
| Inhaled Corticosteroids | Flunisolide MDI (Aerobid/Aerobid-M), triamcinolone acetonide MDI (Azmacort), fluticasone propionate MDI/DPI (Flovent/HFA/Rotadisk), beclomethasone dipropionate MDI (Qvar), and budesonide inhalation suspension (Pulmicort respules). |

## FOR MORE INFORMATION:

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